

# ECTOPIC PREGNANCY

## I. INTRODUCTION

An ectopic pregnancy is defined as implantation of the fetus in a site other than within the uterine cavity. During the past thirty-five years there has been a marked increase in both the absolute number and rate of ectopic pregnancies in the United States. Although the death rate from ectopic pregnancy has decreased dramatically over this time period due to better diagnosis and treatment, ectopic pregnancy is still the 4<sup>th</sup> leading cause of maternal mortality in our country. The possibility of ectopic pregnancy must always be kept in mind.

All types of contraception reduce the risk of both intrauterine and ectopic pregnancy. The risk of a pregnancy being ectopic is increased when it occurs in association with progestin-only contraceptives, IUDs, and tubal ligation, but the overall risk of ectopic pregnancy is lower for women using any type of contraceptive (including progestin-only contraceptives, IUDs, and tubal ligation) than for women not using a contraceptive method.

## II. MEDICAL EVALUATION

There are many reasons for this increased incidence of ectopic pregnancy, but chief among them is scarring of the fallopian tubes from pelvic infection with chlamydia and gonorrhea. Risk factors for ectopic pregnancy include:

- A. Advanced maternal age
- B. Prior treatment of infertility
- C. Pelvic infection
- D. Prior tubal surgery, including tubal ligation
- E. Prior ectopic pregnancy
- F. Smoking
- G. Endometriosis

The principal symptoms of ectopic pregnancy are pain, absence of normal menses and bleeding in the presence of a positive pregnancy test. The combination of either abdominal pain and abnormal vaginal bleeding or abdominal pain and amenorrhea (or a sequence of these combinations) should alert the clinician to the possibility of ectopic pregnancy. When evaluating a female client a clinician should:

- A. Keep ectopic pregnancy in mind at all times and particularly when dealing with combinations of amenorrhea, abdominal pain, and/or unusual vaginal bleeding.
- B. Look for pregnancy symptoms and physical findings compatible with ectopic pregnancy these include:
  - 1. Abdomen may be non-tender or slightly tender, with or without rebound.
  - 2. Uterus may be slightly enlarged with findings similar to a normal pregnancy
  - 3. Cervical motion tenderness may or may not be present
  - 4. Adnexal mass may be present in 50% of the cases

5. With the rupture of the ectopic pregnancy, patient may be tachycardic, hypotensive with severe abdominal pain, with abdomen distended with rebound and guarding.
- C. Obtain urine pregnancy test, and a hemoglobin and/or hematocrit.
- D. Obtain a beta HCG and a transvaginal ultrasound.
- E. Ectopic should be suspected if:
  1. There are abnormally low hCG levels
  2. Low hCG levels that do not increase incrementally in a way that is expected
  3. Empty uterus on sonogram when hCG levels are above the discriminatory zone
    - a. 1500-1800 mIU/mL with transvaginal ultrasonography, (may be higher up to 2300 mIU/mL with multiples)
    - b. 6000-6500 mIU/mL with abdominal ultrasonography
  4. There is a gestational sac outside the endometrial cavity

### III. FOLLOW-UP/REFFERAL

Obtain urgent, immediate gynecologic consultation if ectopic pregnancy is suspected.

### REFERENCES

1. Guidelines for Women's Health Care – A Resource Manual, Fourth Edition, ACOG, 2014